



**California Department of Aging (CDA)
Community-Based Adult Services (CBAS)
Home and Community-Based (HCB) Settings
Quality Workgroup Meeting Summary
October 7, 2015**

Meeting/ Webinar Date	<p>October 7, 2015 9:30 a.m. to 12 Noon California Department of Aging (CDA)</p> <p><u>Please note:</u> There were technical difficulties in the recording of this webinar. The actual webinar started approximately 15 minutes into the webinar recording posted on the CDA website.</p>
Workgroup Member Attendees	<p>In-Person: 11 Via Webinar: 12</p>
Meeting Agenda	<ul style="list-style-type: none">• Welcome, Introductions & Overview of Meeting Agenda and Objectives• Review Workgroup Charter & Deliverables• Review CBAS Provisions of the 1115 Waiver, Special Terms & Conditions (STCs) 99 & 100• Revisit 1115 Waiver Parking Lot Topics• Review DHCS Medi-Cal Managed Care Quality Strategy Focus Areas & Facility Site Review Tools• Quality Overview• Overview of related national activities and California Association of Adult Day Services (CAADS) Quality Initiative• Identify Overlapping Issues with IPC Revision Workgroup• Review Action Items/Identify Next Steps• Meeting Adjourned
Meeting Highlights	<p><u>Welcome, Introductions & Overview of Meeting Agenda and Objectives</u> Denise Peach (Chief, CDA's CBAS Branch) welcomed everyone to the CBAS Quality Workgroup Meeting and reviewed the Agenda and Objectives. The primary objectives of the meeting are to provide foundational information about quality to enable workgroup members to produce the workgroup's deliverables identified in its charter.</p> <p><u>Review Workgroup Charter & Deliverables</u> The purpose of the Quality Workgroup is to develop a quality assurance and improvement strategy for CBAS that includes metrics for tracking and improving participant outcomes and the quality of care delivered by CBAS</p>



providers. The deliverable/work product will be a written document that describes the CBAS Quality Strategy that must adhere to the CBAS provisions of the 1115 Waiver, Special Terms and Conditions (STC) 100.

STC 100 states that quality assurance and improvement for CBAS must assure participant health and safety, address the quality and implementation of the CBAS beneficiary's person-centered IPC, and assure the provider's adherence to State licensure and certification requirements.

Additional areas of focus for the CBAS Quality Strategy include:

- Quality metrics for person-centered care/continuity of care
- Clinical and program outcome measures/indicators
- CBAS staff training on best practices and quality improvement
- Improved use of existing enforcement provisions for CBAS centers that do not meet licensing or certification standards.

For the next CBAS Quality Workgroup Meeting, CDA will draft an outline of the CBAS Quality Strategy Report and develop a work tool for capturing the information needed to develop the report's content. CDA believes the workgroup can complete its work by June 2016.

Review CBAS Provisions of the 1115 Waiver, Special Terms & Conditions (STCs) 99 & 100

Denise reviewed the CBAS provisions in the 1115 Waiver, Special Terms and Conditions (STC) 99 and 100 which specify what the State's responsibilities are to assure quality of care and services. Refer to the CBAS provisions of the 1115 Waiver posted on the CDA website.

- **STC 99: CBAS Center Provider Oversight, Monitoring, and Reporting**

"The State shall maintain a plan for oversight and monitoring of CBAS providers to ensure compliance and corrective action with provider standards, access, and delivery of quality care and services. Reporting of activity associated with the plan must be consistent with the Quarterly and Annual Progress Reports as set forth in this Waiver, Section IV, General Reporting Requirements and reported to CMS on a quarterly basis. Such oversight, monitoring and reporting shall include all of the following..."

- **STC 100: CBAS Quality Assurance and Improvement Strategy**

"Quality assurance and monitoring of CBAS shall be consistent with the managed care Quality Strategy required by 42 CFR Part 438 Subpart D which is integrated into the DHCS contracts with managed care plans



statewide. Such a Quality Assurance and Improvement strategy shall assure the health and safety of Medi-Cal beneficiaries receiving CBAS and shall address, at a minimum, all of the following: (a) The quality and implementation of the CBAS beneficiary's person-centered IPC, (b) The provider's adherence to State licensure and certification requirements, (c) Financial oversight by the State Medicaid Agency, and (d) Administrative oversight of the managed care plans by the State Medicaid Agency.

It is important to include person-centered care/planning as defined in federal regulations into the quality strategy and to determine what providers need to do.

Revisit 1115 Waiver Parking Lot Topics

During the CBAS Stakeholder Process for the CBAS Provisions of the 1115 Waiver, stakeholders identified issues to be addressed at a future time which were beyond the focus of the 1115 Waiver stakeholder process. These issues included revising the CBAS IPC and developing a quality strategy. Refer to the "1115 Waiver Parking Lot Topics" document posted on the CDA website. Many of these topics are integrated into the charters of both workgroups.

Review DHCS Medi-Cal Managed Care Quality Strategy Focus Areas & Facility Site Review Tools

Oksana Meyer (Chief, DHCS Policy and Medical Monitoring Branch) provided a high-level overview of focus areas targeting quality in the DHCS Quality Strategy:

- Information included in the DHCS Quality Strategy Report about Medi-Cal Managed Care subscribers and managed care health plans
- HEDIS health indicators collected/tracked to evaluate quality outcomes in ambulatory care settings
- Possible CBAS Focus Study with the DHCS-contracted EQRO (External Quality Review Organization) to look at a specific cohort of CBAS participants related to certain health indicators to evaluate quality
- New Physical Accessibility Site Review Tool for CBAS facilities that might be relevant to CBAS quality metrics (e.g, is there a CBAS quality measure that could be pulled from the tool?)

DHCS will be distributing an All Plan Letter about the new Physical Accessibility Site Review Tool that will be used by managed care plans starting in January 2016 to evaluate the physical accessibility of CBAS centers. Oksana will explore the availability of training provided by DHCS for CBAS providers on the use of the tool so that CBAS providers will be aware of the requirements and how to use the tool to complete a self-survey if



interested.

Refer to Oksana's power point slides posted on the CDA website and webinar recording for more details.

Quality Overview

Sheila Stephens (Principal of pmpm Consulting Group of WeiserMazars) provided a high-level overview of quality, how it is defined/measured and by whom, examples of quality measures, quality problems, and the benefits of measuring/evaluating quality such as for value-based purchasing and more. Refer to Sheila's power point slides for more details and a glossary of quality terms posted on the CDA website.

Overview of related national activities and California Association of Adult Day Services (CAADS) Quality Initiative

Lydia Missaelides (Executive Director, CAADS) discussed the work that CAADS is doing in collaboration with the National Adult Day Services Association (NADSA) around person-centered care, quality measures, quality improvement, social determinants of health and the CAADS TOPs (Tracking Outcomes for Program Success) and CBAS Health Home Model projects.

Refer to Lydia's power point slides posted on the CDA website which includes more information about quality domains/indicators and measures that CAADS and an internal CBAS provider workgroup have identified and are in the process of testing. They want to measure what indicators have value and would like to be able to compare individual-level data over time, center-level data to promote quality improvement processes, and to collect metrics to compare quality across centers to impact CBAS provider payments/value-based purchasing. Lydia believes that California is leading the way nationally in determining how to measure ADHC/CBAS quality.

There was much discussion after Lydia's presentation about measuring quality related to certain populations served by CBAS, such as persons with a cognitive impairment. Questions were raised about how to evaluate the quality of services provided to special populations not just in CBAS centers but in transitioning from the hospital to home, and in various other settings/pathways to prevent re-hospitalization and institutionalization.

Identify Overlapping Issues with IPC Revision Workgroup

- Quality indicators/outcomes overlap with person-centered planning
- More overlapping issues to be identified/discussed during the lunch meeting



Action Items / Next Steps	<ol style="list-style-type: none">1. Distribute/Post All Plan Letter on CBAS Physical Accessibility Review Tool/Survey when released2. Follow-up with DHCS about EQRO Focus Study for CBAS and training on CBAS Physical Accessibility Review Tool/Survey3. Develop Draft CBAS Quality Strategy & Monitoring Report Outline4. Develop work tool to capture/document information needed to write the CBAS Quality Strategy and Monitoring Report5. Request managed care plans provide information at next CBAS Quality Meeting about their quality activities including Health Risk Assessments6. Post meeting materials on CDA website7. Distribute survey monkey to workgroup members to determine the best date for the December meeting
Meeting Adjourned	Denise thanked the presenters and everyone for their participation in the workgroup discussion, and apologized for the webinar technical difficulties. She encouraged people to stay for the working lunch discussion about overlapping issues between workgroups.